exodus INSTITUTE
ADDICTION RECOVERY PROGRAM

# Overview

We believe our greatest need is a relationship with God and to live out the purpose He's called each of us to in this life. Addiction often gets in the way of our God given potential but recovery is possible!

Exodus Institute is a Self-Discovery based program that uncovers what drives our addictive behaviors. We believe that addiction is both a moral choice and a disease. As a result, we take a holistic approach to recovery that addresses an individuals' spiritual growth, physical, mental, emotional and social wellbeing.

We are committed to being a Christ-centered community that cultivates a healing environment. We desire to build authentic relationships built on trust without fear. You will be given the freedom to succeed or fail, the freedom to change from the inside out and opportunity to examine your choices.

| Personal Information | | | |
|---|---|---|---|
| Name (Last, First Middle): | | | Age |
| Date of Application: | Date of Birth: | Race: | |
| Address (Street) | City: | State: | Zip |
| Social Security # | Driver's license # | State: | |
| Phone # | Alternate phone # | | |
| | | | |
| Referred by: | Relationship | | |
| Address: | Phone # | | |

| Emergency Contact | | |
|---|---|---|
| Name: | Relationship: | Phone # |
| Address: | City: | State/ ZIP: |

**Marital Status:**

**Single____ Married ____ Separated ____ Divorced _____ Widowed _____ Remarried _____**

Wife's Name: Wife's occupation: Wife's phone #

Address:

Describe current relationship:

| Children | | |
|---|---|---|
| Name | Location: | Age |
| Name | Location: | Age |
| Name | Location: | Age |
| Name | Location: | Age |
| Name | Location: | Age |
| Name | Location: | Age |

| Family | | | |
|---|---|---|---|
| Mother's name | Occupation | Address | Phone # |
| Father's name | Occupation | Address | Phone # |
| Sibling's name | Occupation | Address | Phone # |
| Sibling's name | Occupation | Address | Phone # |
| Sibling's name | Occupation | Address | Phone # |
| Sibling's name | Occupation | Address | Phone # |
| Sibling's name | Occupation | Address | Phone # |

| Family History |
|---|
| Were you raised by someone other than your parents? If yes, who? |
| Describe your childhood:<br><br>Describe your relationship with your parents:<br><br>**Do you have any relationship problems we should be aware of? Yes_____ No_____**<br><br>Explain<br>Situation: |

| Health History & Information | | | |
|---|---|---|---|
| **Health Insurance Provider** | **I.D Number** (if applicable) | | |
| **Medications** | **Purpose** | **Dosage** | **Date Started** |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| **Primary Care Physician:** | **Address:** | **Phone Number:** | |
| | | | |

| Mental Health History: List all known diagnosis | Dates | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| **Current Mental Health Care Provider (if applicable):** | **Treatment** | **Phone #** |
| | | |
| | | |
| | | |

How would you rate your present health? _____ Good _____ Fair _____ Poor

Are there any major health conditions? _____

Any Dietary Restrictions? _____

Are there any past or present suicidal thoughts? _____ Yes _____ No

Any past or current attempts of suicide? _____ Yes _____ No Date: _____

| Drug Use History | | | |
|---|---|---|---|
| Type of Drug Used | Date of last use? | How long has usage been going on? | How frequent do you use this drug? |
| **Alcohol** | | | |
| **Marijuana** | | | |
| **Cocaine** | | | |
| **Crack** | | | |
| **Methamphetamine** | | | |
| **Heroin** | | | |
| **Opium** | | | |
| **LSD** | | | |
| **PCP** | | | |
| **Ecstasy** | | | |
| **Prescription Drugs** | | | |
| **Inhalants** | | | |
| **Other:** | | | |

| Arrests and Convictions | | | | |
|---|---|---|---|---|
| **Charges** | **Dates** | **Conviction (Yes/ No)** | **Sentence** | **Drugs & or alcohol involved?** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Do you have any outstanding warrants? Yes_____ No_____ If yes where? _____**

| Legal Status | |
|---|---|
| Are you on probation? _____ Yes _____ No Are you on parole? _____ Yes _____ No | |
| Probation/ Parole Officer's name: | Telephone #: |
| Public Defender/ Attorney's name: | Telephone #: |
| Do you have any pending charges? Or upcoming court dates? If so explain: | |
| When we run a background check, what will we find? | |
| Are you legally mandated to participate in a drug treatment program? _____ Yes _____ No<br>Method of reporting: _____ Phone _____ Letter _____ In person _____ Other | |

| Financial Status | |
|---|---|
| **Do you have any financial problems to resolve? (i.e.: Debts, money management etc.)** **Yes_____ No_____** | |
| **Debts** | **Amount Owed** |
| | |
| | |
| | |

| Do you have the following? | Yes or No | Name of Bank or Institution | Amount |
|---|---|---|---|
| **Checking account** | | | **$** |
| **Savings** | | | **$** |
| **Credit cards** | | | **$** |
| **Other (401k, stocks, retirement etc.)** | | | **$** |

| Income | |
|---|---|
| **Do you receive income? Yes_____ No_____ i.e.: SSI, SSD, Food Stamps, DHS Etc.** | |
| **Type of Income** | **Amount** |
| | |
| | |
| | |

| Military History | | | |
|---|---|---|---|
| Branch of service: | Date of entry: | Date of discharge: | Rank attained: |
| | | | |
| | | | |
| | | | |

| Academic History | | |
|---|---|---|
| **Did you graduate High School or GED/ HSE?** **Yes_____ No_____** | | |
| College/ School/ Trade School | Dates Attended | Completed (Y/N) |
| | | |
| | | |
| | | |

| Job History | | | |
|---|---|---|---|
| Name of Employer | Employment Dates (M/Y-M/Y) | Position Held | Reason for leaving |
| | | | |
| | | | |
| | | | |

| Social History |
|---|
| Hobbies/ Interests: |

| Spiritual History | |
|---|---|
| Are you a born again Christian? _____ Yes _____ No _____ I'm not sure | |
| Name of church/ ministry or other religious practices attended? | Denomination preferred? |
| Describe your current spiritual state: | |
| What do you hope to accomplish from joining program? | |

I, _____ fully acknowledge that the information provided herein is accurate and true to the best of my knowledge. I understand that falsification of information is grounds for denial of my application or may result in my dismissal of E. I after entry.

_____ _____

**Student Applicant Signature** **Date**

_____ _____

**Staff Signature** **Date**

**Send completed applications to:**

The Caring Center
156 N Plymouth Ave
Rochester, NY 14608

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